

## LUMPKIN COUNTY HOTEL/MOTEL TAX REPORT FORM

**INSTRUCTIONS:** THIS REPORT MUST BE FILED AND THE TAX PAID **BY THE 20<sup>TH</sup> OF THE MONTH** FOLLOWING THE MONTH IN WHICH THE TAX WAS COLLECTED TO AVOID LOSS OF VENDOR'S COMPENSATION, AND THE ASSESSMENT OF PENALTIES AND INTEREST. A COPY OF YOUR CORRESPONDING MONTH'S GEORGIA DEPARTMENT OF REVENUE SALES AND USE TAX REPORT **FORM ST-3) MUST BE ATTACHED TO THIS REPORT BEFORE IT CAN BE CONSIDERED COMPLETE.**

BUSINESS NAME: \_\_\_\_\_

GEORGIA SALES TAX NUMBER: \_\_\_\_\_

LUMPKIN COUNTY BUSINESS LICENSE NUMBER: \_\_\_\_\_

THIS REPORT COVERS TAX COLLECTED DURING THE MONTH OF: \_\_\_\_\_, 200\_\_

### COMPUTATION OF AMOUNT TO BE REMITTED

Line 1 \$ \_\_\_\_\_ **Gross Rental Proceeds**

Line 2 \$ \_\_\_\_\_ **Less Exempt Proceeds** (Do not levy Hotel/Motel Tax for categories of occupants specifically listed as "exemptions" in Paragraph 6 of Lumpkin County Ordinance 89.2, as amended December 22, 2003. Attach an explanation of exemptions used to account for any amount entered on this line.)

Line 3 \$ \_\_\_\_\_ **Net Taxable Proceeds** (Subtract Line 1 from Line 2)

Line 4 \$ \_\_\_\_\_ **5% Lodging Occupancy Tax** (Line 3 times .05)

Line 5 \$ \_\_\_\_\_ **Less Vendor's 3% Compensation for Collection** (Line 4 times .03, or 0 if not paid By the 20<sup>th</sup> of the month.)

Line 6 \$ \_\_\_\_\_ **Tax due Lumpkin County** (Subtract Line 5 from Line 4)

**NOTE: IF NO LATE PAYMENTS, ENTER \$0 ON LINES 7 & 8 AND PROCEED TO LINE 9**

Line 7 \$ \_\_\_\_\_ **Late Payment Penalty** (The greater of 5% of tax overdue or \$5, for each 30 days or Fraction thereof late, not to exceed the greater of 25% or \$25 in the aggregate.)

Line 8 \$ \_\_\_\_\_ **Interest on Late Payment** (Amount overdue times .075 compounded monthly until paid.)

Line 9 \$ \_\_\_\_\_ **Total Tax, Penalty and Interest to be Paid** (Add Lines 6, 7, & 8)

Please make check for amount on Line 9 payable to the **Lumpkin County Board of Commissioners** and forward with a copy of this report and your corresponding month's **Georgia Department of Revenue Sales and Use Tax Report (Form ST-3)** to:

**Lumpkin County Board of Commissioners, Attn: County Clerk, 99 Courthouse Hill, Suite A, Dahlonega, GA 30533.**

**STATEMENT:** I DO HEREBY DECLARE UNDER PENALTY OF LAW THAT THE INFORMATION CONTAINED IN THIS REPORT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

TITLE: \_\_\_\_\_